



TESTIMONY

Delivered by Tracy Wodatch, R.N., V.P. Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

Before the Appropriations Committee
Public Hearing regarding the CT Department of Social Services

Pertaining to CT Home Care Waiver Program for Elders Provider Reimbursement

**HB 5030, An Act Making Adjustments to State Expenditures for the
Fiscal Year Ending June 30, 2015**

February 14, 2014

Good evening Senator Bye and Representative Walker and honorable members of the Appropriations Committee. My name is Tracy Wodatch, Vice President of Clinical and Regulatory Services for the Connecticut Association for Healthcare at Home.

The Association represents 60 licensed and certified home health and hospice agencies, several of which have worked collaboratively **for decades** with the state's Access Agencies to provide non-skilled elderly services and supports under The Connecticut Home Care Program for Elders (CHCPE) waiver program.

The services these providers deliver daily help eligible clients continue living at home instead of going to a nursing home, saving the state of CT millions of dollars in Medicaid provider reimbursement as well as maintaining the quality of life for the client and preventing unnecessary and costly rehospitalizations.

It is the delivery of these services within the CHCPE, packaged in an individualized care plan for each client, that allows an elderly person to remain at home or to return to home through the Money Follows the Person (MFP) Program.

The CHCPE program is the heart and soul of our state's rebalancing plan, yet the non-skilled provider infrastructure is crumbling because Medicaid reimbursement to these providers has been flat/suppressed for nearly a decade.

It is vital that the Department of Social Services and the state of CT invest in this program and in the providers who deliver these services to meet the state's financial savings' targets and reach DSS' growth targets for MFP.

Providers in the CHCPE have not received a rate increase in years.

Assisted living service providers have not received a rate increase since 2005,



Meals on wheels since 2007, adult day services 2011, and home health service providers since 2005.

Our proposal is asking for an immediate 2% increase and a subsequent plan in the next biennial budget to bring the rates up to adequate levels with an annual indexing of the rates thereafter.

Budget Impact:

- **For FY 15**, the Department of Social Services expects to spend \$280m on the Medicaid waiver portion of the home care program, and \$45m on the state funded portion – **for a total of \$325m.**
- **That would make each 1% rate increase cost about \$3.25million.**
- **The enrollment** is expected to average 11,900 (waiver) and 3,675 (state) – for a total of 15,575 clients
- **A 2% increase in FY 15 would cost the state just \$6.5 million.** That would be a little over \$400 per person enrolled in the home care program or less than \$35 a month to keep someone home.

Without adequate reimbursement rates, long standing quality providers will be forced to leave the home and community-based services market, new quality providers will not enter the market, and the state will not achieve a balanced system of long term care, services and supports.

If you have questions or require additional background, I would be happy to provide it to you.

Thank you.